

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-3701

www.iowa.gov/ethics



## FORM-GBG

Gift, Bequest, or Grant information  
received by a department or  
accepted by the Governor on behalf  
of the state

## For office use only

Indexed \_\_\_\_\_  
Audited \_\_\_\_\_  
Checked \_\_\_\_\_  
Computer \_\_\_\_\_

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

## DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Iowa Juvenile Home	
Name of Department or Office	
Mailing Address	701 S. Church St. Toledo, IA 52342
Area Code & Telephone No.	641/484-2560

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Deb Hanus	
Name	
Mailing Address (if different from above)	
Email Address	DHanus@dhs.state.ia.us
City, State, Zip (if different from above)	
Area Code & Telephone Number (if different from above)	

## DONOR OF GIFT, BEQUEST, OR GRANT:

Jiffy North- Lloyd Vitzthum	
Name	
Mailing Address	106 W. Hwy 30 Toledo, IA 52342
Area Code & Telephone Number	
Email Address (optional)	

12/20/07	\$ 150
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

Some used for Christmas gifts for youth

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

I, Deb Hanus affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Deb Hanus  
Signature

01/02/08  
Date

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## DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Iowa Juvenile Home	
Name of Department or Office	
Mailing Address	101 S. Church St. Toledo, IA 52342
Area Code & Telephone No.	641/484-2560

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Deb Hanus	
Name	
Mailing Address (if different from above)	
Email Address	DHanus@dhs.state.ia.us
City, State, Zip (if different from above)	
Area Code & Telephone Number (if different from above)	

## DONOR OF GIFT, BEQUEST, OR GRANT:

Iowa Juvenile Home Foundation	
Name	
Mailing Address	101 S. Church St. Toledo, IA 52342
Area Code & Telephone Number	
Email Address (optional)	

12/20/07	\$ 100
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

Christmas gifts for youth.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

I, Deb Hanus affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Deb Hanus  
Signature

01/02/08  
Date

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## DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Iowa Juvenile Home	
Name of Department or Office	
Mailing Address	701 S. Church St. Toledo, IA 52342
Area Code & Telephone No.	641/484-2560

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Deb Hanus	
Name	
Mailing Address (if different from above)	
Email Address	DHanus@dhs.state.ia.us
City, State, Zip (if different from above)	
Area Code & Telephone Number (if different from above)	

## DONOR OF GIFT, BEQUEST, OR GRANT:

Fareway	
Name	
Mailing Address	1005 County Road Toledo IA 52342
Area Code & Telephone Number	
Email Address (optional)	

12/20/07	\$50
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

To be used for Christmas gifts for youth.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

I, Deb Hanus affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Deb Hanus  
Signature

01/02/08  
Date

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A  
DES MOINES, IA 50319  
565 (515) 281-3701  
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## DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Iowa Juvenile Home  
Name of Department or Office  
101 S. Church St.  
Mailing Address  
641/484-2560  
Area Code & Telephone No.  
Toledo, IA 52342  
City, State, Zip Code

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Deb Hanus  
Name  
DHanus@dhs.state.ia.us  
Mailing Address (if different from above)  
DHanus@dhs.state.ia.us  
Email Address  
City, State, Zip (if different from above)  
Area Code & Telephone Number (if different from above)

## DONOR OF GIFT, BEQUEST, OR GRANT:

Patsy Carr  
Name  
130 Penrose St.  
Mailing Address  
Grinnell IA 50112  
City, State, Zip Code  
641 236 4931  
Area Code & Telephone Number  
Email Address (optional)

12/25/09  
Date of Gift, Bequest, or Grant  
\$150  
Amount/Value\*  
\*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof:

10 handmade quilted pillows for use as Christmas gifts for youth

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

I, Deb Hanus affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Deb Hanus  
Signature

01/03/08  
Date

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## DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Iowa Juvenile Home  
Name of Department or Office  
101 S. Church St. Toledo, IA 52342  
Mailing Address  
641/484-2560 City, State, Zip Code  
Area Code & Telephone No.

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Deb Hanus  
Name  
Mailing Address (if different from above) DHanus@dhs.state.ia.us City, State, Zip (if different from above)  
Email Address  
Area Code & Telephone Number (if different from above)

## DONOR OF GIFT, BEQUEST, OR GRANT:

Nancy Coomes  
Name  
132 Penrose St. Grinnell, IA 50112  
Mailing Address  
City, State, Zip Code  
Area Code & Telephone Number  
Email Address (optional)

12/25/07 \$150  
Date of Gift, Bequest, or Grant Amount/Value\*  
\*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof:

10 Handmade quilted pillows for use as Christmas gifts for youth

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

I, Deb Hanus, affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Deb Hanus  
Signature

01/03/07  
Date

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Iowa Juvenile Home  
Name of Department or Office  
101 S. Church St.  
Mailing Address  
641/484-2560  
Area Code & Telephone No.  
Toledo, IA 52342  
City, State, Zip Code

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Deb Hanus  
Name  
DHanus@dhs.state.ia.us  
Mailing Address (if different from above)  
City, State, Zip (if different from above)  
Email Address  
Area Code & Telephone Number (if different from above)

## DONOR OF GIFT, BEQUEST, OR GRANT:

Friends Church - Bill Roddan  
Name  
601 S. Elm St.  
Mailing Address  
Toledo, IA 52342  
City, State, Zip Code  
Area Code & Telephone Number  
Email Address (optional)

12/24/07 \$ 150  
Date of Gift, Bequest, or Grant Amount/Value\*  
\*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof:

Used as Christmas gifts for youth.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

I, Deb Hanus affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Deb Hanus  
Signature

12/01/08  
Date